



COMMONWEALTH OF MASSACHUSETTS
TOWN OF NEW MARLBOROUGH
BOARD OF HEALTH
807 Mill River Southfield Road, Mill River, MA 01244
Phone: 413-229-8469 Fax: 413-229-6674

WELL PERMIT APPLICATION

Date: _____

Fee: \$55.00

Owner's Name: _____

Address: _____

Location of Property: _____

Phone Number: _____ Fax Number: _____

Driller's Name: _____

Phone Number: _____ Fax Number: _____

Lot Size: _____

Distance from Absorption System: _____

Distance from Septic Tank: _____

Distance from Side Line Boundary: _____

Distance from Dwelling: _____

Water Test: The Board of Health requires a water test with a copy of the results sent to the Town of New Marlborough Board of Health.

Application Approved: _____
Signature

Date: _____

Make payment to: Town of New Marlborough

Mail to: Scott McFarland, Health Agent
PO Box 99
Mill River, MA 01244